

# CLAIMS ONLY

Application Number

10/5/8131

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
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48						
49						
50						
Total						
Indep	5					
Total						
Depend	12					
Total						
Claims	17					

	Indep		Depend		Indep	
	Indep	Depend	Indep	Depend	Indep	Depend
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